



# 2009 GUIDE LICENSE APPLICATION

**MONTANA BOARD OF OUTFITTERS**  
 301 S. Park 4<sup>th</sup> Floor, PO Box 200513  
 Helena, MT 59620-0513  
 (406) 841- 2304 FAX (406) 841-2309  
 www.outfitter.mt.gov

**OFFICE USE ONLY**  
 License # \_\_\_\_\_  
 License Date \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

**DO NOT SEND CASH**

**RESIDENT GUIDE LICENSE FEE: \$150.00**

**NONRESIDENT GUIDE LICENSE FEE: \$150.00**

**\*\*Please complete and sign this application. Failure to do so will result in a delay of issuing your license. \*\***

## Section 1

### GUIDE APPLICANT INFORMATION

Social Security # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (City, State, ZIP)  
 Phone # \_\_\_\_\_  
 Montana Conservation/ALS# \_\_\_\_\_  
 (APPLICANT MUST HAVE A CURRENT MONTANA CONSERVATION LICENSE)  
 Birth Date \_\_\_\_\_  
 (applicant must be 18 years or older)  
 Male or Female \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Number of years of hunting/fishing experience: \_\_\_\_\_  
 How many years of guiding experience do you have? \_\_\_\_\_  
 Please list previous outfitters that you have worked for: \_\_\_\_\_  
 Do you guide for: Fishing \_\_\_\_\_ Hunting \_\_\_\_\_ Both \_\_\_\_\_ (Statistical use only)  
**DO YOU REQUIRE WATERCRAFT IDENTIFICATION STICKERS?** ☐ YES ☐ NO  
 (Boat Stickers)

## Section 2

### ENDORISING OUTFITTER INFORMATION

Outfitter Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 \_\_\_\_\_  
 (City, State, Zip Code)  
 Phone # \_\_\_\_\_ FAX # \_\_\_\_\_  
 License # \_\_\_\_\_

**NOTE:** LICENSES ARE MAILED TO THE OUTFITTER FOR PROPER ENDORSEMENT! EACH OUTFITTER UTILIZING THE GUIDE'S SERVICES DURING THE LICENSE YEAR MUST SIGN THE GUIDE'S LICENSE AND FOLLOWING THE COMPLETION OF THE SERVICE MUST SPECIFY THE DATES WHICH SERVICES WERE PROVIDED.

**\*\*PLEASE NOTE: License must be in guide's possession at all times while providing services.\*\***

The average processing time for a completed application is one to three business days. Licenses are returned to the outfitter by regular mail.

## Section 3

**LICENSE APPLICATIONS MUST BE ACCOMPANIED WITH THE APPROPRIATE LICENSE FEE AND A COPY OF BOTH THE FRONT AND BACK OF A CURRENT BASIC FIRST AID CARD. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

1. Has a disciplinary proceeding ever been instituted against your outfitter or guide license in this or any other state or jurisdiction? ☐ YES ☐ NO
2. Have you ever been convicted of or forfeited bond for a violation of a fish & game or outfitting law or regulation of any state, the United States, or any other jurisdiction irrespective of when the violation occurred? ☐ YES ☐ NO
3. Have you pled guilty or "no contest" or been convicted of a felony offense? ☐ YES ☐ NO
4. Are you presently subject to a deferred or suspended sentence for a felony offense? ☐ YES ☐ NO

If you answer "YES" to any of the questions 1 through 4, attach a copy of the initiating document and the final order/judgment. (Sources for documentation include the clerk of the court where the charge/action was filed, defense attorneys, personal files). If documentation is unavailable provide a detailed description of each charge/action, where and when it occurred, and the outcome. If any of the matters has already been

reviewed by the Board's Screening Panel, indicate: "On file with the Board".

**Section 4 GUIDE APPLICANT SIGNATURE** I hereby certify that the information I have provided to complete this application is true and correct. I understand that failure to furnish information or any fraud, misrepresentation, deception, or concealment of a material fact in applying for or assisting in securing a license or license renewal could result in denial of my application and other disciplinary sanctions subject to notice and opportunity for hearing.

**SIGNATURE OF GUIDE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Section 5** Online first aid courses are not accepted by the Board office. For a list of approved basic first aid courses please contact the Board office.

### ENDORISING OUTFITTER:

The applicant is in fact to be employed by me or retained as an independent contractor in accordance with 37-47-101(7), MCA, I confirm that I have inquired and, to my knowledge, the applicant meets all the qualifications of a guide or a professional guide in accordance with ARM 24.171.601.

**SIGNATURE OF OUTFITTER** \_\_\_\_\_ **DATE** \_\_\_\_\_